

Frequently Asked Questions about Migraine Headaches

What is a migraine headache?

A migraine headache is a severe pain felt on one, and sometimes, both sides of the head. The pain is mostly in the front around the temples or behind one eye or ear. Besides pain, you may have nausea and vomiting, and be very sensitive to light and sound. Migraine can occur any time of the day, though it often starts in the morning. The pain can last a few hours or up to one or two days.

We don't know what causes migraine headaches, but some things are more common in people who have them.

- Most often, migraine affects people between the ages of 15 and 55.
- Many people have a family history of migraine.
- They are more common in women.
- Migraine often becomes less severe and frequent with age.

What causes migraine?

One theory about the cause of migraine is the blood flow theory, which focuses on blood vessel activity in the brain. Blood vessels either narrow or expand. Narrowing can constrict blood flow, causing problems with sight or dizziness. When the blood vessels expand, they press on nerves nearby, which causes pain.

Another theory focuses on chemical changes in the brain. When chemicals in the brain that send messages from one cell to another, including the messages to blood vessels to get narrow or expand, are interrupted, migraines can occur.

More recently, genes have been linked to migraine. People who get migraines may inherit abnormal genes that control the functions of certain brain cells. And something the person's body is sensitive to in some way triggers the actual headaches.

Headache triggers can vary from person to person. Most migraines are not caused by a single factor or event. Your response to triggers can also vary from headache to headache. Many women with migraine tend to have attacks brought on by:

- lack of food or sleep
- bright light or loud noise
- hormone changes during the menstrual cycle
- stress and anxiety

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- weather changes
- chocolate, alcohol, or nicotine
- some foods and food additives, such as MSG or nitrates

To help pinpoint your headache triggers, it may be helpful to keep a headache "diary." Each time you have a migraine, write down the time of day, point in your menstrual cycle, where you are at the time, and what you were doing when the migraine started. Talk with your doctor about what sets off your headaches to help find the right treatment for you.

Are there different kinds of migraine?

Yes, there are many forms of migraine headache. But, the two forms seen most often are classic and common migraine.

Classic migraine. With a classic migraine, a person has these visual symptoms (also called an "aura") 10 to 30 minutes before an attack:

- sees flashing lights or zigzag lines
- has blind spots or loses vision for a short time

The aura can include seeing or hearing strange things. It can even disturb the senses of smell, taste, or touch. Women have this form of migraine less often than men.

Common migraine. With a common migraine, a person does not have an aura, but does have the other migraine symptoms, such as nausea and vomiting.

How does a migraine headache differ from a tension headache?

While migraine headaches affect millions of people, they are still less common than tension headaches. Tension headaches cause a more steady pain over the entire head rather than throbbing pain in one spot. Most of the time, migraine attacks happen once in awhile, but tension headaches can occur as often as every day. While fatigue and stress can bring on both tension and migraine headaches, migraines can be triggered by certain foods, changes in the body's hormone levels, and even changes in the weather.

There are also differences in how these two types of headaches respond to treatment with medicines. While some over-the-counter drugs used to treat tension headaches sometimes help migraine headaches, the drugs used to treat migraine attacks do not work for tension headaches.

When should I seek help for my headaches?

Nearly half of the people in the United States who have migraine do not get diagnosed and treated. The National Headache Foundation suggests you talk to your doctor about your headaches if:

- you have several headaches per month and each lasts for several hours or days
- your headaches disrupt your home, work, or school life
- you have nausea, vomiting, vision, or other sensory problems

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What tests are used to find out if I have migraine?

If you think you get migraine headaches, talk with your doctor.

Before your appointment, write down:

- 1. how often you have headaches
- 2. where the pain is
- 3. how long the headaches last
- 4. when the headaches happen, such as during your menstrual cycle
- 5. other symptoms, such as nausea or blind spots
- 6. any family history of migraine

Your doctor may also do an exam and ask more questions about your health history. This could include past head injury, sinus or dental problems, or medicine use. By just talking with your doctor, you may be able to give enough information to diagnose migraine.

You may get a blood test and other tests if your doctor thinks that something else could be causing your symptoms. Work with your doctor to decide on the best tests for you.

Are women more prone to migraine headaches?

Yes, migraine headaches are more common in women. In fact, about three out of four people who have migraines are women. They are most common in women between the ages of 35 and 45; this is often a time that women have more job, family, and social commitments. Women also tend to report higher levels of pain, longer headache time, and more symptoms, such as nausea and vomiting.

Hormones may also trigger migraine. Over half of women with migraine report having them right before, during, or after their period. Others get them for the first time when taking birth control pills. And some women start getting them when they enter menopause.

How is a woman's menstrual cycle related to migraine?

More than half of women with migraine have more headaches around or during their menstrual cycle. This is often called "menstrual migraine." But, just a small fraction of these women only have migraine at this time. Most have migraine headaches at other times of the month as well.

How the menstrual cycle and migraine are linked is still unclear. We know that just before the cycle begins, levels of the female hormones, estrogen and progesterone, sharply go down. This drop in hormones may trigger a migraine, because estrogen controls chemicals in the brain that affect a woman's pain sensation.

Talk with your doctor if you think you have menstrual migraine. You may find that medicines, making lifestyle changes, and home treatment methods can prevent or reduce the pain.

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Can using birth control pills make my migraines worse?

In some women, birth control pills improve migraine. They reduce the number of attacks and attacks may be less severe. But in others, birth control pills cause migraine.

For these women, migraine headaches seem to occur during the last week of the cycle when they take sugar pills, or the pills that don't have the hormones. The last seven pills in the monthly pack (if included) help remind you to take them daily. But without the hormones, this fall in estrogen may trigger migraine in some women.

Talk with your doctor if you think birth control pills cause your migraines or make them worse. Switching to another pill or dose or taking a type of pill that contains all "active" pills in the monthly pack, instead of skipping a week, may help. Lifestyle changes, such as getting on a regular sleep pattern and eating a healthful diet, can help too.

Can stress really cause migraines?

Yes, stress is the most common trigger of headache. Events like getting married, moving to a new home, or having a baby are all sources of stress. But studies have found that it is the day-to-day stresses, not these major life changes, that are most linked to headaches. Juggling our many roles, such as being a mother and wife, having a career, and financial pressures, can be daily stresses for women.

Learning to make time for yourself and finding healthy ways to deal with stress are important. Some things you can do to help prevent or reduce stress include:

- eating a healthy diet
- being active (at least 30 minutes most days of the week is best)
- doing relaxation exercises
- getting enough sleep

Also, it may be helpful to pinpoint which factors in your life cause stress. You may find that you can even avoid some of these stresses. And for other stresses that you can't control, try to think of things you can do ahead of time to help you cope with them.

How are migraines treated?

Even though migraine has no cure, you can work with your doctor to come up with a treatment plan that meets your needs. Make sure your plan has ways to treat the headache symptoms when they happen, as well as ways to help make your headaches less frequent or severe. It may include all or some of these methods.

Lifestyle changes. Finding and avoiding things that cause headache is one way to reduce how often attacks happen and how painful they are. Your diet, the amount of stress in your life, and other lifestyle habits may add to getting migraines. Eating a healthful diet, quitting smoking, and reducing your alcohol intake may help improve your headaches. Learn stress reduction techniques and find other positive ways to cope with stress. Try to get on a regular sleep pattern.

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Medicine. There are two ways to approach the treatment of migraine headache with drugs: prevent the attacks, or relieve the symptoms during the attacks. Many people with migraine use both forms of treatment. Some medicines used to help prevent attacks include drugs that were designed to treat epilepsy and depression. To relieve symptoms during attacks, your doctor may start by telling you to take over-the-counter drugs such as aspirin, acetaminophen, or NSAIDs (non-steroidal anti-inflammatory drugs) like ibuprofen. If these drugs don't work to give you relief, your doctor can prescribe types of drugs called ergotamines or triptans. Ergotamines narrow the blood vessels, which helps the migraine's throbbing pain. Triptans are new types of drugs that relieve pain by both narrowing blood vessels and balancing the chemicals in the brain. Hormone therapy may help some women whose migraines seem to be linked to their menstrual cycle. Work with your doctor to choose the best medicine for you.

Alternative methods. Biofeedback has been shown to help some people with migraine. It involves learning to control how your body reacts to stress to reduce its effects. Other methods, such as acupuncture and relaxation, may help relieve stress. Counseling can also help if you think your migraines may be related to depression or anxiety. Talk with your doctor about these treatment methods.

I'm pregnant. Can my migraines still be treated?

When you are pregnant, your doctor may advise against taking some medicines commonly used for migraines. Some of these drugs may cause birth defects and other problems. This includes over-the-counter medicines as well. Taking aspirin may increase your risk and the baby's risk of bleeding. Talk with your doctor if migraine is a problem while you are pregnant or if you plan to become pregnant. Other home treatment methods can help, such as doing relaxation techniques and using cold packs.

Is taking medicine for migraine dangerous if I am breastfeeding?

Ask your doctor about what medicines, even over-the-counter medicines, are safe to take while breastfeeding. Some medicines can be passed through breast milk and can be harmful for your baby.

Can migraine be worse during menopause?

If your migraines are closely linked to your menstrual cycle, menopause may make them less severe. As you get older, nausea, vomiting, and pain may be less as well.

But for some women, menopause worsens migraine or triggers them to start. It is not clear why this happens. Hormone therapy, which is prescribed for some women during menopause, may be linked to migraines during this time.

How can I treat a migraine at home?

Work with your doctor to come up with a home treatment plan to manage your headaches. Sometimes, at the onset of a migraine, lying down in a dark room with a cold pack can help. Stress management techniques, such as relaxation and massage, can help limit pain. They may also make attacks happen less often. Keep over-the-counter pain killers handy. In your headache diary, make a list of home treatment methods that work for you in different situations.

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What are some ways I can prevent migraine?

The best way to prevent migraine is to find out what events or lifestyle factors, such as stress or certain foods, set off your headaches. Try to avoid or limit these triggers as much as you can. Since migraine headaches are more common during stressful times, find healthy ways to cope with stress. Talk with your doctor about starting an exercise program or taking a class to learn relaxation skills.

If your doctor has prescribed medicine for you to help prevent migraine, take them exactly as prescribed. Ask what you should do if you miss a dose and how long should take the medicine. If you use headache medicines too often or more than what your doctor prescribes, the medicines can even start to cause a condition called "rebound headaches." With this condition, your medicines stop helping your pain and actually begin to cause headaches. Talk with your doctor if the amount of medicine you are prescribed is not helping your headaches.

How are children affected by migraine?

Like adults, children can have stresses that lead to headaches. Migraine headaches, with nausea and vomiting, most often begin in childhood. About half of all school-aged children have some type of headache. And the frequency of headache increases as children go through puberty.

During childhood, boys and girls suffer from migraine at about the same rate. But during their adolescent years, more girls are affected. Childhood headache can also be a sign of a more serious problem, such as depression. Parents should look out for other signs as well, like changes in mood or sleep habits.

Keeping a headache diary and doing relaxation exercises, such as deep breathing, are most often suggested for children. If headaches are linked to depression, your child's doctor may suggest medicines and counseling. You should talk with your child's doctor before you give your child over-the-counter pain killers. Do not give aspirin to anyone under age 20. It increases their risk of Reye's Syndrome. This is a rare problem in children and teens that causes nausea, fever, severe vomiting, and other health problems. Talk with your child's doctor to find the right treatment for your child.

For More Information...

To find out more about migraine headaches, contact the National Women's Health Information Center at 800-994-9662 or the following organizations:

National Institute of Neurological Disorders and Stroke (NINDS), NIH, HHS

Phone Number: (800) 352-9424

Internet Address: http://www.ninds.nih.gov

American Council for Headache Education (ACHE)

Phone: (856) 423-0258

Internet Address: http://www.achenet.org

American Headache Society Phone Number: (856) 423-0043 Internet Address: http://ahsnet.org

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Migraine Awareness Group: A National Understanding For Migraineurs (MAGNUM)

Phone Number: (703) 739-9384

Internet Address: http://www.migraines.org

National Headache Foundation

Phone Number: (888) 643-5552

Internet Address: http://www.headaches.org

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